Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:
The most significant change in this waiver is the addition of Personal Care Assistant services as both a consumer directed model as well as agency with choice to allow our clients the greatest flexibility in securing needed services. We are also proposing to add Assistive Technology as a waiver service. In preparation for the waiver renewal,we reevaluated our quality assurance/quality improvement activities and have initiated some significant changes. We have initiated a Quality Assurance Committee comprised of both Access Agency and Alternate Care Unit staff. In that committee, we are developing new procedures to address and enhance our current quality management activities. A waiver of statewideness is not being requested because our Assisted Living service, although not available in all Connecticut towns, is widely available and accessible to waiver participants. There are no clients remaining from the Fairfield County Pilot Project that were included in the previous waiver renewal.
Our goal in making these changes is to offer a wider range of service options, to increase consumer choice and offer greater flexibility in choice of services to our waiver participants. The state sees these changes as a major effort toward its rebalancing goal.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State of Connecticut** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):
Home and Community Based Services Waiver for Elders

C. **Type of Request: renewal**

☐ **Migration Waiver** - this is an existing approved waiver

☑ **Renewal of Waiver:**

Provide the information about the original waiver being renewed

Base Waiver Number: 0140

Amendment Number (if applicable):

Effective Date: *(mm/dd/yy)* 07/01/05

Draft ID: CT.20.05.00

Renewal Number: 05

D. **Type of Waiver** *(select only one)*:
Regular Waiver

E. **Proposed Effective Date:** *(mm/dd/yy)*

07/01/10

1. Request Information (2 of 3)

F. **Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☑ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155**

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☐ **Intermediate Care Facility for the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)**

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/MR level of care:

1. Request Information (3 of 3)

G. **Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

◉ **Not applicable**

○ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The Department of Social Services, as the state Medicaid agency pursuant to CT General Statutes (CGS) 17b-1, operates the Home and Community Based Services Waiver according to CGS 17b-342 for individuals age 65 and over to enable frail elders to be deinstitutionalized or diverted from nursing home placement. This past year, the Department engaged in a research project with the University of CT to evaluate the waiver with the goal of enhancing the service package, identifying system gaps and resources in order to create more flexible service options and to reduce the number of program participants who ultimately find themseleves in a nursing home on a long term basis. The research identified that many factors contributed to nursing home placement but most significant were the lack of home care services on nights and weekends and the lack of flexible service providers who could do both hands on as well as non hands on care. A significant challenge identified was the number of clients with mental health and/or substance abuse issues and the lack of available services to meet those needs. Some recommendations that came out of this study were adding PCA services, mental health and substance abuse training for case managers and better coordination with hospital discharge planners. Consequently, in addition to the range of services previously provided, we are requesting to add PCA as a consumer directed service and adding assistive technology as a waiver service.

The Department's Alternate Care Unit administers the waiver, accepts applications, does the initial level of care determination and refers the client to a contracted case management provider for the initial evaluation, confirmation of the level of care and development of the service plan. DSS is responsible for determining both financial and functional eligibility for the waiver. The case management providers maintain monthly contact with the clients and are required to do semi-annual face to face evaluations with the comprehensive evaluation being required annually. The case management organizations are also responsible for subcontracting with the direct care provider agencies and also process the claims and submit them for payment through the state's MMIS. With the addition of the PCA service a fiscal intermediary will be needed to process the weekly payroll. Quality assurance and improvement activities are conducted by both the care management agencies and the Department. The Department has extensive reporting requirements of the case management agencies including quarterly quality assurance summaries.

Services provided by the waiver include Case Management, Homemaker, Companion, Chore, Adult Day Health,Personal Emergency Response Systems, Respite, Transportation, Home Delivered Meals, Mental Health Counseling and Environmental Accessibility Adaptations. The new services that are being added are assistive Technology and Personal Care Assistant. Personal care will be available to clients either as a fully self directed model or as agency with choice.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (•) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. **Participant Rights. Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. **Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B.**

B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- (•) **Not Applicable**
- ( ) **No**
- ( ) **Yes**

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- (•) **No**
- ( ) **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

- [ ] **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
  Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:
- [ ] **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
  Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. **Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C.**

B. **Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I.**

C. **Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B.**

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. **Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. **Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. **Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. **Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. **Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. **Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. **Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. **Inpatients.** In accordance with 42 CFR §441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/MR.

C. **Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. **Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. **Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. **FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community- based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. **Quality Improvement**: The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. **Public Input.** Describe how the State secures public input into the development of the waiver:
The state sought public input from multiple sources in preparation of the renewal. A presentation was done for the Money Follows the Person Steering Committee which is a mix of consumers, providers and advocates. Another presentation was done for the CT Council of Persons With Disabilities, seeking input on the expansion of PCA services and the addition of consumer direction to the waiver. A presentation was also made to the Home Care Advisory Committee consisting primarily of the provider network including the CT Home Care Association and the Adult Day Care Association of CT. Finally, a presentation was done for the State Long Term Care Planning Committee which was broadcast statewide by the CT Television Network.
The Department has solicited input from the two tribal nations in Connecticut. Both tribes were provided with a copy of the Notice of Intent that was published in the CT Law Journal and were provided copies of the waiver application via email. Neither of the tribes responded.

J. **Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. **Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	Bruni
First Name:	Kathy
Title:	Medical Care Administration Program Manager
Agency:	Department of Social Services
Address:	25 Sigourney Street
Address 2:	
City:	Hartford
State:	Connecticut
Zip:	06106

Phone:	(860) 424-5177 **Ext:** ☐ **TTY**
Fax:	(860) 424-4963
E-mail:	kathy.a.bruni@ct.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	
First Name:	
Title:	
Agency:	
Address:	
Address 2:	
City:	
State:	**Connecticut**
Zip:	
Phone:	**Ext:** ☐ **TTY**
Fax:	
E-mail:	

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:	
	State Medicaid Director or Designee
Submission Date:	

Last Name:	Schaefer
First Name:	Mark
Title:	Director of Medical Care Administration
Agency:	Department of Social Services
Address:	25 Sigourney Street
Address 2:	
City:	Hartford
State:	**Connecticut**
Zip:	06106
Phone:	(860) 424-5067
Fax:	(860) 424-5799

E-mail: mark.schaefer@ct.gov

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

   ◉ **The waiver is operated by the State Medicaid agency.**

   Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

   ◉ **The Medical Assistance Unit.**

   Specify the unit name:
   Alternate Care Unit
   (Do not complete item A-2)

   ○ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

   Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

   (Complete item A-2-a).

   ○ **The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

   Specify the division/unit name:

   In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

   a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in

available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

As part of the inital evaluation conducted by the care manager, the client is offered a choice of a home and community based service plan or institutional services. Each client is asked to sign an Informed Consent form (W-889) where they are advised of their choice between community services or institutional care. They are advised that an assessment must be completed in order to access services under the waiver. A copy of the consent form is left with the client.

b. **Maintenance of Forms.** Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

The freedom of choice form W889 is retained in the client's record for seven years. The form is maintained in the Access Agencies records and is audited for in the department's annual audit.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):
Potential and active waiver participants with limited fluency in English must have access to services without undue hardship. The DSS home care request form is available in Spanish. The Alternate Care Unit has Spanish speaking staff to handle inquiries and referrals to the program. The Department also has language line services available with interpreters for a wide array of languages. The Access Agencies have bilingual case managers including Spanish, Russian, Italian and French. Non-English speaking waiver applicants may bring an interpreter of their choice to any meeting with the case manager. This is not a requirement but an option available to clients should they so choose. No person can be denied access to waiver services on the basis of English proficiency.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service
Statutory Service	Adult Day Health
Statutory Service	Care Management
Statutory Service	Homemaker
Statutory Service	Personal Care Assistant (PCA)
Statutory Service	Respite
Other Service	Assisted Living
Other Service	Assistive Technology
Other Service	Chore services
Other Service	Companion
Other Service	Environmental Accesibility Adaptations
Other Service	Home delivered Meals
Other Service	Mental Health Counseling
Other Service	Personal Emergency Response Systems
Other Service	Transportation

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Adult Day Health

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The service is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting and shall encompass both health and social services needed to ensure the optimal functioning of the participant. Transportation to and from the center is included in the service definition. Meals provided as part of these services shall not constitute a full nutritional regimen.

Services Covered and Limitations

Payment for adult day services under the rate for a medical model is limited to providers which demonstrate to the department their ability to meet the following additional requirements:

a program nurse shall be available on site for not less than fifty percent of each operating day;
the program nurse shall be a registered nurse, except that a program nurse may be a licensed practical nurse if the program is located in a hospital or long term care facility licensed by the Department of Public Health, with ready access to a registered nurse from such hospital or long term care facility or the program nurse is supervised by a registered nurse who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one half hour of the request. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day health center, health and social services currently received at home or provided by existing community health agencies and personal physicians;

additional personal care services shall be provided as specified in the individual plan of care, including but not limited to, bathing and transferring;

ongoing training shall be available to the staff on a regular basis including, but not be limited to, orientation to key specialty areas such as physical therapy, occupational therapy, speech therapy and training in techniques for recognizing when to arrange or refer clients for such services; and

individual therapeutic and rehabilitation services shall be coordinated by the center as specified in the individual plan of care including but not limited to, physical therapy, occupational therapy and speech therapy. The center shall have the capacity to provide such services on site; this requirement shall not preclude the provider of adult day health services from also arranging to provide therapeutic and rehabilitation services at other locations in order to meet needs of individual clients.

Payment for adult day services shall include the costs of transportation, meals and all other required services except for individual therapeutic and rehabilitation services.

For participants receiving assisted living services, adult day services are included as part of the monthly rate. A separate reimbursement for this service is not authorized. The assisted living service agency may arrange for adult day health services and reimburse the adult day service provider from their all- inclusive rate.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

May be provided up to seven times per week.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**

☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Adult Day Health

Provider Category:
Agency

Provider Type:
Provider agency

Provider Qualifications

License *(specify)*:
Providers of Adult Day Health services shall meet all applicable federal, state and local requirements including zoning, licensing, sanitation, fire and safety requirements
provide, at a minimum, nursing consultation services, social work services,
nutritionally balanced meals to meet specialized dietary needs as prescribed by health care personnel, personal care services, recreational therapy and transportation services for individuals to and from their homes;

provide adequate personnel to operate the program including:

a full-time program administrator;

nursing consultation during the full operating day by a Registered Nurse (RN) licensed in the state of Connecticut; and

the direct care staff-to-participant ratio shall be a minimum of one to seven. Staffing shall be adequate to meet the needs of the client base. Volunteers shall be included in the ratio only when they conform to the same standards and requirements as paid staff.

In order to be a provider of services to department clients, any facility located and operating within the state of Connecticut or located and operating outside the state of Connecticut, in a bordering state, shall be certified by the Connecticut Association of Adult Day Centers Incorporated, its successor agency or a department designee.

A facility (center) located and operating outside the state of Connecticut in a bordering state shall be licensed or certified by its respective state and comply at all times with all pertinent licensure or certification requirements in addition to the approved standards for certification by the department.

Certified facilities (centers) shall be in compliance with all applicable requirements in order to continue providing services to department clients. The failure to comply with any applicable requirements shall be grounds for the termination of its certification and participation as a department service provider.

Certificate *(specify)*:
Certification required by the Adult Day Care Association of CT. Certification is for 3 years.

Other Standard *(specify)*:
n/a

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency enrolling the provider must ensure that the Day Care Program is certified by the association. The department maintains an ongoing list of certified Adult Day Programs and shares that information with the Access Agencies, other waiver personnel and Department social work staff who also might refer clients for the service.

Frequency of Verification:
Every two years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Case Management

Alternate Service Title (if any):
Care Management

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Services that assist participants in gaining access to needed waiver and other State plan services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Care managers additionally are responsible to monitor the ongoing provision of services in the participants plan of care and continually monitor that the client's health annd safety needs are being addressed. They complete the initial and annual assessment and reassessment of an individuals' needs in order to develop a comprehensive plan of care. They confirm the initial level of care determination done by Department staff and reassess the level of care annually and maintain documentation for department review. Care Managers also explain opportunites for participant directed services options to participants. For clients who are able to direct their own services, Department nurses and social workers perform the annual reassessments and level of care determinations.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Service may be billed on a per diem basis as long as the client remains in a community based setting. The Departments allows for a status review vist by the case manager when the client is in a hospital or nursing facility setting when the purpose of that visit is to reevaluate the total plan of care needs upon discharge back to the community based setting.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Access Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Care Management

Provider Category:

Agency

Provider Type:
Access Agency
Provider Qualifications
License *(specify):*
The care manager who conducts the assessments, develops care plans and provides ongoing monitoring shall be either a registered nurse licensed in the state where care management services are provided or a social services worker who is a graduate of an accredited four-year college or university. The nurse or social services worker shall have a minimum of two years of experience in health care or human services. A bachelor's degree in nursing, health, social work, gerontology or a related field may be substituted for one year of experience.

Care managers shall have the following additional qualifications:
demonstrated interviewing skills which include the professional judgment to probe as necessary to uncover underlying concerns of the applicants; demonstrated ability to establish and maintain empathic relationships; experience in conducting social and health assessments;
knowledge of human behavior, family/caregiver dynamics, human development and disabilities; awareness of community resources and services; the ability to understand and apply complex service reimbursement issues; and the ability to evaluate, negotiate and plan for the costs of care options.
Certificate *(specify):*
The registered nurse shall hold a license to practice nursing in the State of CT. Care Managers are encouraged but not required to be certified as a long term care manager.
Other Standard *(specify):*
See above
Verification of Provider Qualifications
Entity Responsible for Verification:
The Access Agency is responsible to ensure that employees meet the requirements specified in 17b-342-1(h)(1)(A). Department staff audit the Access Agencies for compliance with employee qualifications.
Frequency of Verification:
Upon employment and as part of the Case Manager's annual performance appraisal.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Statutory Service
Service:
Homemaker
Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Services consisting of general household activities (meal preparation, laundry and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Homemaker

Provider Category:
Agency
Provider Type:
Provider agency
Provider Qualifications
License *(specify)*:
N/A
Certificate *(specify)*:
Certification required from the Department of Consumer Protection.
Other Standard *(specify)*:

Verification of Provider Qualifications
Entity Responsible for Verification:
The Access Agency is responsible for verifying the certification prior to initiating enrollment of the agency.
Frequency of Verification:
Every 2 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Statutory Service
Service:
Personal Care
Alternate Service Title (if any):
Personal Care Assistant (PCA)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
One or more persons assisting an elder with tasks that the individual would typically do for him/herself in the absence of a disability. Such tasks may be performed at home or in the community. Such services may include physical or verbal assistance to the consumer in accomplishing any Activity of Daily Living (ADL), or Instrumental Activities of Daily Living (IADL). ADL's include bathing, dressing, toileting, transferring, and feeding.

PCAs may be members of the individual's family who meet the training requirements specified by the Department, except that the personal care provider may not be the participant's spouse, the participant's conservator/legal guardian, or a relative of the participant's conservator/legal guardian.
The plan of care that is developed focuses on unmet needs. When family members who reside with waiver participants are paid as PCAs, the plan of care will be developed to address needs that are not currently being met by the family member. Examples of needs that would be assessed as met by the family member residing with the waiver participant might be usual household activities including but not limited to services such as meal preparation, laundry, shopping and housekeeping.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Overnight and per diem PCA services are subject to approval by Alternate Care Unit Utilization Review staff. PCA services shall be cost effective on an individual basis when compared with Home Health Aide, Homemaker and Companion services.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☐ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider agencies
Individual	Private Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Personal Care Assistant (PCA)

Provider Category:
Agency
Provider Type:
Provider agencies
Provider Qualifications

License *(specify):*
If the provider agency is a Home Health Agency, it is required to be licensed in the state of Connecticut as specified in Subsection (k) section 19a-490 of the general statutes

Certificate *(specify):*
If the agency is a Homemaker/Companion agency, it must be registered with the Department of Consumer Protection in the State of CT..

Other Standard *(specify):*
The PCA hired by the agency shall meet all of the same qualifications as an individual PCA as follows:
- Be at least 18 years of age
- Have experience doing personal care
- Be able to follow written or verbal instructions given by the consumer or the consumer's conservator
- Be physically able to perform the services required
- Follow instructions given by the consumer or the consumer's conservator
- Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan
- Be able to handle emergencies

• Demonstrate the ability to implement cognitive behavioral interventions/take direction to carry out the plan

Verification of Provider Qualifications

Entity Responsible for Verification:
Provider agency and Access Agency.

Frequency of Verification:
At the time of employment

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Personal Care Assistant (PCA)

Provider Category:
Individual

Provider Type:
Private Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Personal care provider shall:
• Be at least 18 years of age
• Have experience doing personal care
• Be able to follow written or verbal instructions given by the consumer or the consumer's conservator
• Be physically able to perform the services required
• Follow instructions given by the consumer or the consumer's conservator
• Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan
• Be able to handle emergencies
A pre-eomployment criminal background check will be conducted on individual personal care assistants. The fiscal intermediary is responsible for ensuring the background check is completed and that the results are shared with the waiver participant.

Verification of Provider Qualifications

Entity Responsible for Verification:
Fiscal Intermediary

Frequency of Verification:
At the initiation of service

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Respite

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

◉ **Service is included in approved waiver. There is no change in service specifications.**

○ **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. In home respite providers shall include but are not limited to homemakers, companions or Home Health aides. Services may be provided in the home or outside of the home including but not limited to a licensed or certified facility such as a Rest Home with Nursing supervision or Chronic and Convalescent Nursing Home.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Respite services provided in a licensed facility are limited to 30 days per calendar year per recipient. In home respite services are limited to 720 hours per year per recipient.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:
☐ **Legally Responsible Person**
☐ **Relative**
☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
Provider agency
Provider Qualifications
License *(specify):*
For respite in a facility, either Rest Home with Nursing supervision or Chronic and Convalescent Nursing Home, facilities must be licensed by the CT Department of Public Health.
Licensing is not applicable to Homemakers and Companions.
Certificate *(specify):*
N/A
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
Access Agency for in home respite and CT Department of Public Health for facilities.
Frequency of Verification:
Every 2 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the

Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assisted Living

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

Personal care and services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic social and recreational programming, provided in a home-like environment in a Managed Residential Community, in conjunction with residing in the community. A managed residential community is a living arrangement consisting of private residential units that provides a managed group living environment including housing and services. A private residential unit means a living arrangement belonging to the participant that includes a private full bath within the unit and facilities and equipment for the preparation and storage of food. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the Managed Residential Community, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which includes kitchenette and living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. Each living unit is separate and distinct from each other. The facilities have a central dining room, living room or parlor, and common activity center(s)(which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Care plans will be developed based on the individual's service needs. There are four levels of service provided in assisted living facilities based on the consumer's combined needs for personal care and nursing services. The four levels are occasional which is 1-3.75 hours per week of service, limited which is 4-8.75 hours per week of service, moderate which is 9-14.75 hours per week of service and extensive which is 15-25 hours per week of service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assisted Living services are provided under the waiver statewide in Private Assisted Living Facilities under CGS 17b-365 and in 17 state funded congregate and 4 HUD facilities under
CGS 8-206e(e). Additionally, Assisted Living Services are provided in 4 demonstration sites under 19-13-D105 of the regulations of CT state agencies.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Assisted Living Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assisted Living

Provider Category:
Agency

Provider Type:
Assisted Living Service Agency

Provider Qualifications

License *(specify):*
The Assisted Living Service Provider (ALSA) is licensed by the CT Department of Public Health in accordance with chaper 368v. Regulations regarding a Managed Residential Community and the ALSA are found in Regulations of the State of CT agencies in 19-13-D104 and 19-13-D105.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
MMIS contractor and Department Quality Assurance staff

Frequency of Verification:
At the time of enrollment as a Medicaid provider and bi-annually thereafter.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Assistive Technology

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain,monitor or improve functional capabilities of participants to perform Activity of Daily Living (ADL), or Instrumental Activities of Daily Living. (IADL). Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.
A. Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices.
B. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
C. Training or technical assistance for the participant or for the direct benefit of the participant receiving the service, and where appropriate, the family members, guardians, advocates or authorized representatives of the participants.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Care plans will be developed based on the needs identified in the comprehensive assessment The cost of the Assistive Technology cannot exceed the yearly cost of the service it replaces. When an assistive technology device is identified that will support the waiver participant's independent functioning, the services will be reduced commensurate with the cost of the service it replaces. This reduction will be made with consideration of the waiver participant's health and safety needs. the

service shall be capped at an annual cost of $1000.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency
Agency	Pharmacies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency

Provider Type:
Agency

Provider Qualifications

License *(specify)*:
For telemonitoring services must be a Home Health Agency licensed in the state of Connecticut as specified in Subsection (k) section 19a-490 of the general statutes

Certificate *(specify)*:

Other Standard *(specify)*:
Medicaid provider status for assistive technology and supplies or agency that obtains Medicaid performing provider status

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
at the start of service

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency

Provider Type:
Pharmacies

Provider Qualifications

License *(specify)*:
State of CT Department of Consumer Protection Pharmacy Practice Act: Regulations concerning practice of pharmacy Sec. 20-175-4-6-7

Certificate *(specify)*:

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
at the initiation of the service

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Chore services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
When an individual requires one-time only unique or specialized services in order to maintain a healthy and safe environment, they may receive highly skilled chore services which include but are not limited to moving, extensive cleaning or extermination services. Highly skilled chore services are subject to prior authorization by the department.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider Agency
Individual	Licensed Contractor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Chore services

Provider Category:
Agency

Provider Type:
Provider Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
If provider is a homemaker/companion/chore agency, they must be registered with the Department of Consumer Protection. Chore services providers shall demonstrate the ability to meet the needs of the individual seeking services.

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
At the time of enrollment and biannually thereafter.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Chore services

Provider Category:
Individual

Provider Type:
Licensed Contractor

Provider Qualifications

License *(specify):*
Electrician, plumbers and other contractors must hold the appropriate license to perform highly skilled chore services.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
At the time of service

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Companion

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.
Companion services may include, but are not limited to, the following activities:

(A) escorting an individual to recreational activities or to necessary medical, dental or business appointments;

(B) reading to or for an individual;

(C) supervising or monitoring an individual during the self-performance of activities of daily living such as meal preparation and consumption, dressing, personal hygiene, laundry and simple household chores;

(D) reminding an individual to take self-administered medications;

(E) providing monitoring to ensure the safety of an individual;

(F) assisting with telephone calls and written communications; and

(G) reporting changes in an individual's needs or condition to the supervisor or care manager.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Companion

Provider Category:
Agency

Provider Type:

Provider agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

In order to provide companion services and receive reimbursement from the Connecticut Home Care Agency must be registered as a provider of Companion Services with the Department of Consumer Protection in the state of CT.

The companion employed by the agency shall be at least eighteen (18) years of age, be of good health, have the ability to read, write and follow instructions, be able to report changes in a person's condition or needs to the department, the access agency, or the agency or organization that contracted the persons to perform such functions and shall maintain confidentiality and complete required record-keeping of the employer or contractor of services.

Companion services are not licensed or regulated and shall be provided by a person hired by an agency or organization. Certain relatives of the client cannot be provider of services as defined in section 17b-342-1(b)29) of the Regulations of Connecticut State Agencies. Providers shall demonstrate the ability to meet the needs of the service recipient. The access agency or a department designee shall also ensure that the services provided are appropriate for companion services and are not services which should be provided by a licensed provider of home health services.

Companion service agencies or organizations shall abide by the standards and requirements as described in the performing provider agreement and sub-contract with the department or any authorized entity.

Any homemaker-companion agency must register with the Department of Consumer Protection pursuant to sections 20-671 to 20-680, inclusive, of the Connecticut General Statutes.

Verification of Provider Qualifications

Entity Responsible for Verification:

Access Agency

Frequency of Verification:

Upon enrollment as a performing provider and bi-annually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Accesibility Adaptations

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Minor Home Modifications required by the individual's plan of care which are necessary to ensure health, welfare and safety of the individuals to function with greater indeopendence in their home and without which the individual would require institutionalization. Such adaptations may include the installation of hand rails and grab bars in the tub area, widening of doors and installation of ramps.Excluded are those adaptations or improvements to the home which are of general utility and are not of

direct medical or remedial benefit to the individuals such as carpeting, roof repair or air conditioning. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes. Adaptations are excluded if the residence is owned by someone other than the participant and the adaptations would be the responsibility of the owner/landlord.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
This service is subject to prior authorization by Department staff

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Non relative able to meet the individual's needs

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accesibility Adaptations

Provider Category:
Individual

Provider Type:
Non relative able to meet the individual's needs

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
. The vendor or contractor shall provide all services, materials, and labor that are necessary to complete the project/minor home modification(s) as indicated.
2. The vendor or contractor must be registered with the Department of Consumer Protection to do business in the State of Connecticut.
3. The vendor or contractor must show evidence of a valid home improvement registration and evidence of worker's compensation (if applicable) and liability insurance, at the time they provide an estimate for the project.
4. If applicable, the vendor or contractor must apply for, obtain, and pay for all permits. All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSH) standards for barrier-free access and safety requirement.
5. The vendor or contractor shall warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.
6. When equipment is required to make the home accessible, a separate vendor may provide and install the equipment.

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
prior to the provision of service

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home delivered Meals

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Home delivered meals, or "meals on wheels," include the preparation and delivery of one or two meals for persons who are unable to prepare or obtain nourishing meals on their own.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

No more than two meals per day up to seven times per week as specified in the individual service plan.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Delivered Meals Providers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home delivered Meals

Provider Category:

Agency

Provider Type:

Home Delivered Meals Providers

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Reimbursment for home delivered meals shall be available under the Connecticut Home Care Program only to providers which provide meals that meet a minimum of one-third of the current daily recommended dietary allowance and requirements as established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

All "meals on wheels" providers shall provide their menus to the department, contracted agencies or department designee for review and approval. Quality assurance and quality control shall be performed by the department's contracted providers to ensure that the "meals on wheels" service providers are in compliance with the dietary requirements and the requirements for the preparation and storage and delivery of food based on the department policies for the elderly nutrition program and Title (III) of the Older American's Act.

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
at the time of enrollment as a provider and biannually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Mental Health Counseling

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Mental Health Counseling Services are professional counseling services provided to help resolve or enable the eligible individual to cope with individual, family, and/or environmentally related problems and conditions. Counseling focuses on issues such as problems in maintaining a home in the community, relocation within the community, dealing with long term disability, substance abuse, and family relationships.
The department shall pay for mental health services conforming to accepted methods of diagnosis and treatment, including:

(A) mental health evaluation and assessment;

(B) individual counseling;

(C) group counseling; and

(D) family counseling.

Mental Health Counseling can be provided in the client's home or location best suited for the client.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**

☐ Relative

☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Masters Level or Licensed Social Worker or Counselor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Mental Health Counseling

Provider Category:
Individual

Provider Type:
Masters Level or Licensed Social Worker or Counselor

Provider Qualifications

License *(specify):*
For purposes of receiving reimbursement under the Connecticut Home Care Program, a mental health counseling provider shall be a licensed independent social worker as defined in Connecticut General Statutes 20-195m or a Licensed Professional Councelor as defined in section 20-195aa of the Connecticut General Statutes, and shall have experience and training in providing mental health services to the elderly.

Certificate *(specify):*

Other Standard *(specify):*
A a social worker who holds a masters degree from an accredited school of social work, or an individual who has a masters degree in counseling, psychology or psychiatric nursing and has experience in providing mental health services to the elderly may also provide mental health counceling.

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
At time of enrollment as a performing provider and bi-annually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Personal Emergency Response Systems

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

◉ **Service is included in approved waiver. There is no change in service specifications.**

○ **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the

person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Vendors who sell and install appropriate PERS equipment

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems

Provider Category:
Agency

Provider Type:
Vendors who sell and install appropriate PERS equipment

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Vendor that has an approved contract through DSS as a performing provider

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency

Frequency of Verification:
At the initiation of the contract and biannually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Transportation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Transportation services provide access to medical services, social services, community services and appropriate social or recreational facilities that are essential to help some individuals avoid institutionalization by enabling these individuals to retain their role as community members. This service is offered in addition to medical transportation offered under the state plan and shall not replace it.
(A) These services are provided when transportation is required to promote and enhance independent living and self-support; and

(B) Transportation services may be provided by taxi, livery, bus, invalid coach, volunteer organization or individuals. They shall be reimbursed when they are necessary to provide access to needed community based services or community activities as specified in the approved plan of care.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Commercial Transportation Providers
Individual	Individual Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation

Provider Category:
Agency
Provider Type:
Commercial Transportation Providers
Provider Qualifications
License *(specify):*
In order to receive payment from the Connecticut Home Care Program, all commercial transportation providers shall be regulated carriers and meet all applicable state and federal permit and licensure requirements, and vehicle registration requirements. Commercial transportation providers shall also meet all applicable Medicaid program enrollment requirements
Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:

Access Agency
Frequency of Verification:
At the time of enrollment and bi-annually thereafter

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation

Provider Category:
Individual

Provider Type:
Individual Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
There are no enrollment requirements for private transportation. Private transportation is defined as transportation by a vehicle owned by a volunteer organization, or a private individual, provided the vehicle is not used for commercial carriage. The provider must possess a valid CT driver's license and provide evidence of automobile insurance.

Verification of Provider Qualifications

Entity Responsible for Verification:
Access Agency
Frequency of Verification:
At the time of enrollment and biannually thereafter

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. **Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.
  Check each that applies:
  - ☑ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
  - ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
  - ☐ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
  - ☐ **As an administrative activity.** *Complete item C-1-c.*

c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
A committee of care managers, clinical staff and quality assurance staff convened to update the assessment instrument for collection of data related to health promotion, chronic disease management, and to implement best practices.
Discussions between access agencies, PSE and ACU staff with respect to informed risk versus self determination, i. e. what is an acceptable level of risk to both the client and the program.
All findings related to participant safeguards are entered into a data base within the Alternate Care Unit. Communications occur with the care manager and other Access Agency staff as appropriate for any corrective action or interventions. Access Agency staff monitor the waiver participants on a monthly basis and will continue to follow up on the identified problem as needed.

ii. **Remediation Data Aggregation**
Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: contracted access agency	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

○ **No**

◉ **Yes**
Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
Health standard monitoring is already in place at the Access Agency level, but data aggregation and reporting including analysis for trending of this information will be initiated in ACU in SFY 2012. All assessment and reassessment data is transferred to the Department on an annual basis by the Access Agencies. Health promotion and prevention questions will be added to the Uniform Assessment Instrument and reported annually allowing for further analysis.
New guidelines for collaborative efforts among access agencies, ACU and PSE have been developed and implemented.
Currently, critical incident reports are tracked manually and submitted in a paper based format. It is our intention to utilize the web based critical incident reporting system that is being developed for the MFP Demonstration Project. This will allow for easier aggregation of data and will also enhance our ability to produce summary reports. Access Agency and Alternate Care Unit staff have already begun training on the application and the waiver manager has had extensive input into the content of the data base. Our intention is to operationalize the web based system for this waiver by SFY 2012.

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired

outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the QMS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The State of Connecticut has been utilizing a comprehensive system of checks and balances in order to establish consistent quality assurance within services provided to clients through this waiver. The state has been guided by state and federal regulations to assist in establishing procedures and the many varied data collection, agregation and analysis processes that are currently utilized. Through the productive process of analysis, discovery, remediation and improvement, the state recognizes the benefit to client services that can be obtained through some system design changes.

Administrative Authority

Sampling size of client chart reviews is not a representative sample. Design change will include the increase of the number of chart reviews to reduce the margin of error and increase our confidence level. Given our waiver population of 9500, with a 5% margin of error, a confidence level of 95%, we intend to work toward incresing our sampling size to 370 client charts, spread over the 5 areas of the state. As staffing at this time allows for minimally operational QA activities, it is the intent to increase the sampling size over the next three years to meet our goals. We have also added a reporting requirement for the Access Agencies to provide a summary report of supervisory record reviews done on a regular basis.

Level of Care

As with the Administrative authority assurance, the sampling of client chart reviews is not a representative sample. Our intended remediation is to reduce the margin of error and increase confidence level by utilizing a sampling size of 370, spread over the 5 areas of the state. It is the intention of the Department to increase the sampling size over the next three years to meet our goals. The Department intends to increase sampling size of ALSA onsite record reviews to monitor improvement as a result of the colaborative efforts of the Department and the ALSA Association. Onsite reviews will be conducted of 100% of ALSA facilities identified as problematic; staffing constraints have prohibited us from conducting optimum level of reviews, however, as staffing increases, the expectation is to implement reviews within the next three years.

Qualified Providers

Access Agencies are currently monitoring staff and provider licensure, certification and qualifications at time of hire and renewal. Over the next three years, the Department will incorporate an expanded administrative review of audits to include verification that licensure, certification and qualifications are monitored and documented as required through contracts, policies and procedures.

Service Plan

A tool was developed for access agency supervisors to complete when conducting supervisory record reviews, and it's use has been implemented; over the course of the next year, data will be aggregated and adjustments will be made to the tool as necessary.

A committee, lead by the DMHAS APRN Program Director of Geriatric Services, was established to discuss identified mental health issues of waiver clients. As a result, a network of community mental health support services has been established, additional training sessions for care managers have been planned.

DSS will be adding a reporting requirement of the Access Agencies to provide data on the difference between services authorized and services actually delivered sorted by service type. This will allow for an analysis of trends and targeted remediation. This will be reported annually beginning SFY 2011.

Health and Welfare

Self neglect was identified as a trend in Health and Safety Reporting. Improved collaboration between ACU, PSE and AA's was established for the purpose of updating "best practices" guidelines for care managers when addressing self-neglect issues.

Health standard monitoring is already in place at the Access Agency level, but data aggregation and reporting, including analysis for trending of this information, will be initiated in ACU in SFY 2012. Health promotion and prevention questions will be added to the Uniform Assessment Instrument and reported annually allowing for further analysis.

We will be transitioning to a web based critical incident reporting system that was developed for the MFP Demonstration. This change is targeted for SFY 2012.

Financial Accountability

The State of Connecticut contracts with HP (formerly EDS) to employ a data system to ensure reimbursement is consistent with waiver requirements. The Department introduced the MMIS system Interchange for the purpose of upgrading the old claims processing system. It is now a Windows environment. The MMIS has now been certified by CMS. The provider relations unit oversees the contract with HP, as part of the medical operations process. They can make changes to procedure codes, edits and audits. Clients are identified by Medical Eligibility or Benefit Plan code. Providers are based on type and specialty. The system is designed to make sure it can be billed only for what is allowed through the edits and audits system. Currently, the report on the error rate by waiver provider does not exist. We will be requesting that this report be created by the MMIS provider on a semi annual basis. Problematic providers will be identified for potential additional training. We expect to have this report in place by the end of SFY 2011, the first year of this waiver renewal.

ii. **System Improvement Activities**

Responsible Party *(check each that applies):*	**Frequency of Monitoring and Analysis** *(check each that applies):*

☑ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☑ Quality Improvement Committee	☐ Annually
☑ Other Specify: Contracted Access Agencies, ALSA facilities	☑ Other Specify: Continuous and Ongoing

b. **System Design Changes**

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

Administrative Authority

Representative sampling techniques will be employed by ACU Quality Assurance staff beginning with the next Access Agency Desk Audit. The scope and breadth of data analyzed with this method will increase exponentially given the added review of sub-contractor staff licensure, health standards trends and subcontractor information, having been previously aggregated at the subcontractor level, but not analyzed at the state level. Implementation of representative sampling techniques will be phased in over the course of three years as the state is experiencing staffing constraints which limit the ability of staff to multiply their work load. Aggregation and monitoring of data related to fall risk assessment, health promotion and chronic disease management activities will be implemented by the state in SFY 2012 by adding questions to the comprehensive assessment instrument.

Level of Care

Increased collaboration and compliance with required documentation is an ongoing process between ALSA's, the President of the Association of Assisted Living and ACU.

Qualified Providers

As mentioned above, expanded auditing by the state will review for sub-contractor staff licensure monitoring and documentation.

Service Plan

Access Agency Supervisory chart review information is now being reported to ACU Quality Assurance Staff quarterly for continued improvement in reporting, aggregation and analysis of information.

Access Agencies will provide annual reports to the state regarding services authorized vs. services received beginning SFY 2011. QA staff will monitor for trends and targeted remediation.

Health and Welfare

Improved collaboration and better communication between Protective Services for the Elderly, Department of Social Services and Access Agencies are an ongoing comittment regarding best practices with self neglecting clients. An updated version of best practices guidelines have been completed.

Overall a more global vision of service provision is embraced with the concept of an evolving scope and role for total quality assurance.

Financial Accountability

Currently, the report on the error rate by waiver provider does not exist. We will be requesting that this report be created by the MMIS provider on a semi annual basis. Problematic providers will be identified for potential additional training. We expect to have this report in place by the end of SFY 2011, the first year of this waiver renewal.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

Evaluation of the Quality Improvement Strategy is continuous and ongoing. As reports from the Alternate Care Unit quality assurance staff are generated on all of the aggregated, analyzed data, they are scrutinized for trends and potential process improvements.

Ongoing dialog and opportunities for improved collaboration have been established in order to better serve this state's elder population. A QA workgroup composed of ACU staff and Access Agency Clinical Supervisors has been initiated to address ongoing QA/QI activities. This workgroup will meet as needed but minimally on an annual basis.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Auditors of Public Accounts monitor state agencies regarding fiscal and compliance matters. Auditors provide independent, unbiased and objective opinions and recommendations on the operation of state agencies and effectiveness in safeguarding resources. Financial-compliance auditing is the principal responsibility plus an examination of performance in order to determine the effectiveness of an agency in achieving its expressed legislative purpose. The Performance Audit Team devotes its time mainly to performance auditing, focusing on particular programs administered by a state agency. Findings are reported and discrepancies are identified and presented to the program and/or the provider. The Auditors follow up to make sure that changes are made to achieve compliance with state and federal regulations.

The Department's Quality Assurance Unit conducts annual onsite provider audits to ensure that state and federal funds are being expended appropriately. Financial statements, paid claims data, and other material are reviewed to assure that services were rendered and the agency is compliant with federal and state regulations and to detect fraud. Providers who are found out of compliance may be fined, terminated from the Medicaid program as a provider or given recommendations for improvement to achieve compliance.

The Office of Quality Assurance conducts audits of billings and claim payments of providers. The Medical Audit Unit of Quality Assurance takes a statistically valid sample of 100 paid waiver claims to test for compliance with applicable regulation, policy and contract language. They examine supporting documentation, including; time sheets; service orders, activity sheets; Plans of Care and other business records. Special audits can be initaiated if increased financial volume indicates a potential problem or if complaints have been received regarding a specific provider. Access Agencies are required to obtain independent financial audits annually. These reports are reveiwed by the Office of Quality Assurance and any identified weaknesses are addressed. In addition, the State Auditors of Public Accounts conduct audits of the Department's audit process in compliance with the Federal Single Audit Act Amendments of 1996 and the Federal Office of Management and Budget Circular A-133.

The Department's Provider Relations Unit monitors provider enrollment to assure that HP Enterprises, fiscal intermediary, is collecting and verifying required provider documentation prior to enrolling participating providers. These onsite audits are conducted every six months.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Financial Accountability**
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

i. **Performance Measures**

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care: Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	10878.50	6700.00	17578.50	55029.00	3539.00	58568.00	40989.50
2	11842.42	6928.00	18770.42	56955.00	3659.00	60614.00	41843.58
3	12866.26	7163.00	20029.26	58948.00	3784.00	62732.00	42702.74
4	13954.67	7407.00	21361.67	61012.00	3912.00	64924.00	43562.33
5	15095.05	7659.00	22754.05	63147.00	4045.00	67192.00	44437.95

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Number Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care:
		Nursing Facility
Year 1	13935	13935
Year 2	14400	14400
Year 3	14850	14850
Year 4 (renewal only)	15280	15280
Year 5 (renewal only)	15695	15695

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The length of stay was calculated by dividing the annual summary of client days by the annual unduplicated caseload (factor c). The client day count was derived by multiplying the total beginning of the month client caseload by the number of days in the month.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.